PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 06551-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Num 50083	ber (Optional)	井15/	//15
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on 3/18/3	In re Application of Sanford				
	Application Number 09/698,553			10/27/2000	
Signature Lagran.	For CASHLESS GAMING SYSTEM				
Typed or printed Name Sue Shaper.	Group Art Unit	2876	Examiner  Doniel 51.	Cyv	
Applicant hereby appeals to the Board of Patent App examiner.	eals and Interfere	ences from t	he last decisior	n of the	
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>320.</u>	.00	į	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
A check in the amount of the fee is enclosed.				CHN	_
Payment by credit card. Form PTO-2038 is a	Payment by credit card. Form PTO-2038 is attached.				T33
The Commissioner has already been authoriz Deposit Account. I have enclosed a duplicate	The Commissioner has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.				
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A petition for an extension of time under 37 C	FR 1.136(a) (PT	O/SB/22) is	enclosed.	90	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the		5		a 2	
applicant/inventor.		m	Signature		
assignee of record of the entire interest. 37 CFR 3.71. Statement under 37 CFR 3.73(b) enclosed. (Form PTO/SB/96)	See is				
attorney or agent of record.		Sue	Shapu		1
attorney or agent acting under 37 CFR 1.34(a Registration number if acting under 37 CFR 1.34(a).		Турес	d or printed name	e //3	
NOTE: Signatures of all the inventors or assignees of record or multiple forms if more than one signature is required, see below		r their represen	tative(s) are requir	ed. Submit	
* Total of forms are submitted.					コ

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231 50083 not of app.doc

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